UNITED STATES DISTRICT COURT WESTERN DISTRICT OF PENNSYLVANIA

PAUL BELLE, LISA BIGGS, BARBARA BISHOP, SHARI CALVIN, JANET FLAHERTY, MARILYN KLEIN, ELAINE REID, and ANNA RHOADES, on behalf of themselves and all other employees similarly situated,

Plaintiffs,

CONSENT TO BECOME A
PARTY PLAINTIFF

 $\mathbf{v}.$

UNIVERSITY OF **PITTSBURGH MEDICAL** CENTER, UPMC, UPMC HEALTH SYSTEM, MEMORIAL, **BEDFORD UPMC UPMC** BRADDOCK, **UPMC** MCKEESPORT, **UPMC** NORTHWEST, **UPMC** PASSAVANT. **UPMC** PRESBYTERIAN, **UPMC PRESBYTERIAN** SHADYSIDE, **UPMC** SHADYSIDE, **UPMC** SOUTHSIDE, UPMC ST. MARGARET, MAGEE WOMENS HOSPITAL OF UPMC, THE MERCY HOSPITAL OF PITTSBURGH, **MONTEFIORE** HOSPITAL, **MONTEFIORE** UNIVERSITY **PSYCHIATRIC** HOSPITAL, WESTERN **INSTITUTE** AND CLINIC, CHILDREN'S HOSPITAL OF PITTSBURGH OF THE UPMC HEALTH SYSTEM, UPMC LEE, UPMC HORIZON, UPMC HOLDING COMPANY, INC., UPMC HEALTH NETWORK, INC., JEFFREY A. ROMOFF, and GREGORY PEASLEE,

Civil Action

No. 2:13-cv-01448-CB

Defendants.

Plaintiffs hereby file consent to become a party plaintiff signed by: ANDRES BYNUM, PATRICK CAVANAUGH, CHERYL COLEGA, REGINA HUMPHREY, TAMMIE KISH, and MARY TYSON

THOMAS & SOLOMON LLP

By: s/ J. Nelson Thomas

J. Nelson Thomas, Esq. (PA#209852)

Justin M. Cordello, Esq. (PA#209838)

Attorneys for Plaintiffs and Collective Action Members

693 East Avenue

Rochester, New York 14607 Telephone: (585) 272-0540

nthomas@theemploymentattorneys.com jcordello@theemploymentattorneys.com

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action for unpaid wages, including overtime wages and related relief against my employer(s), including the University of Pittsburgh Medical Center and any related entity or person, on behalf of myself and other former and current employees of the employer(s).

I wish to preserve and pursue any claim that I may have to the greatest extent possible. Therefore, I expressly consent to the use of this consent form for purposes of making me a party plaintiff in any lawsuit and/or lawsuits that plaintiffs' attorneys have brought and/or may bring on behalf of myself and other employees alleged to be similarly situated.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

Signature

NW

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action for unpaid wages, including overtime wages and related relief against my employer(s), including the University of Pittsburgh Medical Center and any related entity or person, on behalf of myself and other former and current employees of the employer(s).

I wish to preserve and pursue any claim that I may have to the greatest extent possible. Therefore, I expressly consent to the use of this consent form for purposes of making me a party plaintiff in any lawsuit and/or lawsuits that plaintiffs' attorneys have brought and/or may bring on behalf of myself and other employees alleged to be similarly situated.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

Signature

Date

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action for unpaid wages, including overtime wages and related relief against my employer(s), including the University of Pittsburgh Medical Center and any related entity or person, on behalf of myself and other former and current employees of the employer(s).

I wish to preserve and pursue any claim that I may have to the greatest extent possible. Therefore, I expressly consent to the use of this consent form for purposes of making me a party plaintiff in any lawsuit and/or lawsuits that plaintiffs' attorneys have brought and/or may bring on behalf of myself and other employees alleged to be similarly situated.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

Chery a Coly 10-21-2013
Signature Date

Cheryl Ann Colega

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action for unpaid wages, including overtime wages and related relief against my employer(s), including the University of Pittsburgh Medical Center and any related entity or person, on behalf of myself and other former and current employees of the employer(s).

I wish to preserve and pursue any claim that I may have to the greatest extent possible. Therefore, I expressly consent to the use of this consent form for purposes of making me a party plaintiff in any lawsuit and/or lawsuits that plaintiffs' attorneys have brought and/or may bring on behalf of myself and other employees alleged to be similarly situated.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

Signature

Date

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action for unpaid wages, including overtime wages and related relief against my employer(s), including the University of Pittsburgh Medical Center and any related entity or person, on behalf of myself and other former and current employees of the employer(s).

I wish to preserve and pursue any claim that I may have to the greatest extent possible. Therefore, I expressly consent to the use of this consent form for purposes of making me a party plaintiff in any lawsuit and/or lawsuits that plaintiffs' attorneys have brought and/or may bring on behalf of myself and other employees alleged to be similarly situated.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

Signature

Date

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action for unpaid wages, including overtime wages and related relief against my employer(s), including the University of Pittsburgh Medical Center and any related entity or person, on behalf of myself and other former and current employees of the employer(s).

I wish to preserve and pursue any claim that I may have to the greatest extent possible. Therefore, I expressly consent to the use of this consent form for purposes of making me a party plaintiff in any lawsuit and/or lawsuits that plaintiffs' attorneys have brought and/or may bring on behalf of myself and other employees alleged to be similarly situated.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

Signature

Date